



Work Aid- 3 – Child Protective Services Tasks and Activities

Tasks	Activities
A. Interview with parent or guardian:¹	<ol style="list-style-type: none">1. Initial contact with the parent/caretaker/family involved in the CPS report will include informing each person about the allegations under investigation and the CPS process, the focus/goal of the investigation, and their rights and responsibilities (<i>DCS Client Right's Handbook</i>).2. The case worker or appropriate CPIT team member(s) will interview the parents or caretakers of the alleged child victim(s) individually.3. In most situations, the interview with the parent/caretaker must occur on the same day the child is interviewed.4. When the parent/caretaker is not the alleged perpetrator, it is recommended that they be notified prior to the child interview.5. If CPIT team member does not interview the parent/caretaker, the case worker must conduct this interview within the time frame for completing an investigation.6. The interview must be fully documented in TNKids. If a law enforcement officer conducts a parent/caretaker interview, the case worker must obtain from the interviewer or construct from the interviewer's records adequate documentation of the process and substance of the interview. If law enforcement does not provide access to their investigative information, the case worker will contact the CPS team leader, who will consult with appropriate regional legal counsel to determine what the legal options are. These consultations will be documented in TNKids.7. During this first initial contact with the family, the case worker will inquire if there is any Native American lineage or ancestry that might make the child/family eligible for membership in any Native American Tribe. If the family confirms that they do have Native American lineage, conduct the investigation according to CPS policy and follow instructions as outlined in DCS Policy <u>16.24, Children of Native American Heritage</u> to comply with the Indian Child Welfare Act of 1978 (ICWA) guidelines. Efforts to identify the tribe and notifications made to the Bureau of Indian Affairs must be documented in TNKids.8. If the parent/caretaker declines to participate in an interview, the case worker must document in TNKids the case worker's attempts to obtain the parent/caretaker's participation.

B. Interview/observation of the child victim within the Priority Time Frame to determine safety; Interview/observe other children in the home and/or interview other persons living in the home:²

1. Parents/caretakers will be notified of the child interview/observation on the same day the interview occurs.
2. If a child's parent(s) refuses to allow him or her to be interviewed or observed, the case worker will immediately notify the CPS team leader, who will immediately consult with appropriate regional legal counsel. These notifications and consultations must be documented in TNKids.
3. The child interview or observation is a face-to-face contact with the alleged victim for the purpose of interviewing the child concerning the allegations and observing the child's physical/emotional condition. The interview and all observations will be documented in TNKids.
4. If the child is non-verbal, the case worker must observe the child's physical condition and behavior, relative to the allegations, specifically documenting these observations in TNKids.
5. If the child is capable of participating in an interview, the interview will be audio taped or video taped whenever possible, unless precluded by local protocol.
6. The interview must occur within the time frame required by the assigned response priority or within such time frame as the team determines in CPIT cases. Reasonable concerns about child's safety should outweigh any other consideration of the timing and location of an interview.
7. Every effort must be made for the interview and observation of alleged victims and other children in the home to occur apart from the alleged perpetrator.
8. Interviews involving sexual abuse allegations must be conducted in a neutral, safe environment, such as a CAC.
9. The case worker will interview/observe all children residing in the household of the victim and document in TNKids.
10. If the alleged perpetrator resides in a different household from that of the victim, the child(ren) residing in the alleged perpetrator's home will be interviewed as possible victims or collaterals.
11. If possible, this interview or observation will occur out of the presence of the parent or caretaker.
12. If an alleged perpetrator is identified, the child interview/observation will occur out of the presence of the alleged perpetrator.
13. In jurisdictions where CAC forensic interviewers are available, the case worker will make use of such interviewers to conduct child interviews in cases alleging child sexual abuse according to local protocol.
14. The forensic interviewers may also conduct interviews in severe abuse cases, if appropriate. The case worker and/or other CPIT members will observe the interview via closed circuit or other remote method.

	<ol style="list-style-type: none"> 15. If child is alleged to have physical injuries or observable conditions, the case worker will make a direct observation and provide a written description of observed conditions and/or injuries in TNKids. At a minimum, the documentation will describe in detail the location, color, length, shape, size, and number of any injury. 16. Photographs must be taken or drawings will be made to supplement the written description. The case worker will also photograph any objects allegedly used to abuse a child. All photographs must be labeled with the child's name, date and time taken, location where the photograph was taken, and name of person taking the photograph. Photographs of objects will be labeled with the name of the object in addition to the information listed above. 17. Immediately following the face-to-face interview/observation of a child, each case worker will complete an SDM Safety Assessment. If there are no immediate harm factors present, then the case worker will make a determination that the child is safe and will proceed to case closure tasks. 18. If one or more immediate harm factors are present, a safety intervention must be considered. Form <u>CS-0701, Immediate Protection Agreement (IPA)</u> must be completed for each immediate harm factor, unless <u>protective custody</u> is immediately necessary. (See DCS policy <u>14.9 Child Protective Services Immediate Protection Agreements</u>.) 19. The IPA must be discussed with, and approved by the Team Leader. The Team Leader may need to consult with appropriate regional legal counsel, but in no case will a child be left at risk while these discussions are being held
<p>C. Interview of alleged perpetrator if other than the parents/caretaker: (Note: The alleged perpetrator must be interviewed even when the alleged victim does not disclose.)</p>	<p>Initial contact with the parent/caretaker/family involved in the CPS report will include informing each person about the CPS process, what to expect, the focus/goal of the investigation and their rights in the process.</p> <ol style="list-style-type: none"> 1. The case worker, or appropriate CPIT member(s), will separately interview each person alleged in the report to be a perpetrator. 2. In all investigations involving CPIT, the interview of an alleged perpetrator must be coordinated with the other CPIT members. 3. When a CPIT member other than the case worker assumes responsibility for the interview of an alleged perpetrator, DCS must have access to adequate documentation of the substance of the interview. 4. When a CPIT member other than the case worker assumes responsibility for interviewing an alleged perpetrator but fails to conduct an interview within thirty (30) days of the date of the report, the case worker will proceed to conduct the interview, after notifying the CPIT member. The case worker will document this interview in TNKids. 5. When law enforcement does not provide access to their investigative information, the case worker will contact the CPS team leader, who will consult appropriate regional legal counsel to determine if there

	<p>should be an additional interview with the alleged perpetrator. These consultations will be documented in TNKids.</p> <ol style="list-style-type: none"> When the alleged perpetrator declines to participate in an interview, the case worker must document in TNKids the case worker's attempts to obtain the alleged perpetrator's participation. When the alleged perpetrator is a minor child, DCS will obtain the verbal consent of the parent, custodian or legal guardian before interviewing the minor child. If the alleged perpetrator is a child in DCS custody, the case worker will contact the team leader who will consult appropriate regional legal counsel to determine if DCS should interview the child. These consultations will be documented in TNKids.
D. Convene CPIT	<p>Child Protective Investigative Team (CPIT) must be convened <u>immediately</u> when a report of child sexual or severe physical abuse has been received:</p> <ol style="list-style-type: none"> To convene CPIT, DCS or another member of CPIT will contact CPIT members according to local protocols. The CPS case worker must verbally contact the District Attorney or his/her designee and give verbal notification of a report of child sexual or severe physical abuse. All CPIT notifications must be documented in the case recordings and will include full names and titles of parties contacted. (Refer to DCS policy <u>14.6 Child Protective Investigative Team-CPIT</u>).
E. Home Visit	<ol style="list-style-type: none"> The case worker will observe the child's home environment, including all areas related to the allegations in the report. The overall environment must be described in TNKids, with details of any conditions that appear to constitute risk to the child's safety. The case worker may provide additional documentation through photographs and video. The case worker will note the date, address, and person taking the photographs on the photographs
F. Other site visit to where the alleged abuse occurred if not in the home	<p>If the report or investigation suggests that the alleged abuse occurred in a setting other than the home, e.g., a day care center, park, school, etc., the case worker will visit the site to observe the setting and assess conditions that constitute risk to the child.</p>
G. Completion of the SDM assessment tools	<ol style="list-style-type: none"> Assessment of Safety <ul style="list-style-type: none"> The case worker will complete the SDM Safety Assessment on all initial CPS investigations, including new investigations on existing cases.

	<ul style="list-style-type: none"> ◆ The safety assessment is used to determine immediate danger of serious harm and to determine what, if any intervention is necessary to provide appropriate protection. <p>2. Assessment of Risk</p> <ul style="list-style-type: none"> ◆ The case worker will complete the SDM Family Risk Assessment on all initial CPS investigations, including new referrals assigned for investigation on existing cases. ◆ The risk assessment is used to obtain an objective appraisal of likelihood that a family will maltreat their children in the next 12 to 24 months. This assessment is used to determine the need for and level of services for a family.
H. Contact reporter	If the reporter's name and address or telephone number are available, the case worker may call or visit the reporter to verify information in the report, and to obtain additional information if necessary.
I. Review of prior records	<p>The case worker will review the following types of information when applicable and available:</p> <p>1. DCS records check:</p> <ul style="list-style-type: none"> ◆ TNKids records ◆ SSMS (Social Services Management System) <p>2. Other records review:</p> <ul style="list-style-type: none"> ◆ Court records ◆ Police records ◆ Public records (utilities, rental information) ◆ Sex Offender Registry
J. Medical Exams	<p>There are two (2) types of medical exams in CPS:</p> <p>1. <u>Medical treatment</u>: The purpose of medical treatment is to provide care for a child who is ill or injured.</p> <ul style="list-style-type: none"> ◆ If the case worker conducting an investigation encounters a child who needs medical treatment, the case worker will ask the parents/ caretakers to identify the child's physician, to make arrangements for the child to receive medical treatment, and to ensure that the child has transportation to the appointment. <p>2. <u>Forensic medical exam</u>: The purpose of the forensic medical exam is to assess the child's medical</p>

	<p>condition, obtain a diagnosis, determine if the child needs treatment, to assess the child's risk of further harm, or to aid in making a classification decision.</p> <ul style="list-style-type: none"> ◆ The case worker will obtain a forensic medical exam by a competent practitioner with expertise necessary to assess the medical condition in all situations that involve obvious severe injury/conditions, or when a medical opinion is needed to evaluate the injuries. This may include the consistency of the explanation with the injuries. ◆ To the extent possible, the case worker will work with the parents to arrange this treatment or exam. The case worker in coordination with the team leader and CPIT team members, if applicable, will identify the appropriate practitioner to perform this exam, regardless of insurance coverage or TennCare eligibility. ◆ The practitioner who performs the forensic medical exam may or may not be the child's physician. If the parents refuse to pay, or have no insurance coverage, or there is no TennCare provided, the cost for the medical exam can be covered by DCS. Form <u>CS-0533, Medical Services Authorization for Non-TennCare Eligible Children</u> must be completed for certain non-TennCare eligible children. ◆ If the parents are unable to transport the child, the case worker may transport the child and the child's parent(s) to the appointment. ◆ The case worker will not transport an otherwise unaccompanied child to a medical appointment without the written permission of the parent(s). ◆ If parents transport the child, the case worker may meet the family at the physician's office or clinic. ◆ If the case worker is unable to attend the medical appointment, then he/she will contact the physician prior to the appointment to describe the CPS concerns and follow up with a discussion with the doctor after the child is treated. ◆ The case worker will obtain a written copy of the medical report upon completion of the exam. The case worker will file the copy in the case record and enter the date received accompanied with a brief description in case recording on TNKids.
K. Team Leader Staffing	Each case worker will staff all investigations periodically with a Team Leader. Staffings will be documented in TNKids.
L. Classification, Case Transfer and Closure	Refer to CPS policies <u>14.7 Classification of a Child Protective Services Case</u> and <u>14.8 Child Protective Services Case Transition or Closure</u>

<p>M. Other CPS investigative activities/tasks may include, but are not limited to:</p>	<ol style="list-style-type: none"> <li data-bbox="625 175 1999 532"> <p>1. Conducting Child and Family Team and Family Services Team Meetings</p> <ul style="list-style-type: none"> ◆ The case worker will engage families and involve key community members and professionals in the decision making process to reach consensus in developing a plan that protects children and preserves the family when possible. ◆ The Child and Family Team Meeting (CFTM) will be the model utilized by CPS at any time during the <u>critical decision</u> making phase and will be scheduled prior to any child entering custody unless the child's immediate safety would be compromised. (See DCS policies <u>14.4 Engaging Families- Family Functional Assessment and CFTMs</u> and <u>31.7, Building, Preparing and Maintaining Child and Family Teams.</u>) <li data-bbox="625 557 1999 979"> <p>2. Arrangements for medical, psychological evaluation services</p> <ul style="list-style-type: none"> ◆ The case worker will obtain a psychological evaluation of child victims, parent/caretakers, or alleged perpetrators to evaluate the existence and/or extent of psychological harm or impairment, if such evaluation may be useful in assessing potential risk of harm to a child or is otherwise relevant to the investigation. The cost of the psychological evaluation can be covered by DCS by completing form <u>CS-0533, Medical Services Authorization for Non-TennCare Eligible Children</u>. This same procedure may be used for children and/or their parents. ◆ If the parent/caretaker refuses to allow a child to participate in this evaluation, or refuses to participate him/herself, the case worker will contact the team leader who will consult with appropriate regional legal counsel regarding the possibility of acquiring an investigative order for a psychological evaluation. These consultations will be documented in TNKids. <li data-bbox="625 1003 1999 1174"> <p>3. Collateral interviews</p> <p>The case worker will interview, in person or by telephone, all other persons who may have witnessed the abuse or neglect or have relevant information regarding the circumstances of the child and family, including other adults in the home or community, professionals, or staff of other agencies.</p> <li data-bbox="625 1198 1999 1442"> <p>4. Developing Service Plans</p> <p>A service plan will be developed for each family in need of non-custodial services on form <u>CS-0787 Non-Custodial Permanency Plan</u> based on the assessment and includes:</p> <ol style="list-style-type: none"> a) Agreed upon goals, desired outcomes, and timeframes for achieving them; b) Services and supports to be provided, and by whom; c) Timeframes for evaluating family progress; and
--	--

	d) The signature of the parents and the child/youth, if age appropriate.
D. Contacts	<p>Case workers must have contact with the child, family and service providers at a minimum of every two (2) weeks after classification to:</p> <ol style="list-style-type: none"> 1. Assess safety and well-being; 2. Establish an effective working relationship with child and family; 3. Monitor service delivery; contact may be by telephone, e-mail or face-to-face; and 4. Support the achievement of agreed upon goals.
E. Convene Child Abuse Review Team (CART)	<p>Convening Child Abuse Review Team (CART) Review (when appropriate) See DCS Policy 14.17, Child Abuse Review Team (CART):</p> <p>All indicated cases of child abuse must be presented to the Child Abuse Review Team (CART) upon completion of the investigation. The date that the case was reviewed and a list of any recommendations will be documented in TNKids case recording. All actions taken in response to the CART recommendations will be documented in the TNKids case recording and on form CS-0729, Child Abuse Review Team. If the CART recommendations are not followed, the case worker will document an explanation in the TNKids case recording</p>

¹ During the first initial contact with the family, the case worker will inquire if there is any Native American lineage that might make the child/family eligible for membership in any Native American Tribe.

² Social Security numbers are required on all victims/clients in a CPS investigation and must be entered into TNKids before an investigation can be closed.